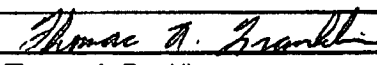
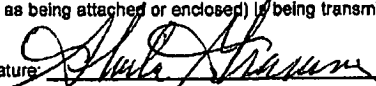


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

<p><i>Effective on 12/08/2004.</i> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>10/733,995-Conf. #2044</td> </tr> <tr> <td>Filing Date</td> <td>December 11, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Reza Ghasemi</td> </tr> <tr> <td>Examiner Name</td> <td>D. Godbold</td> </tr> <tr> <td>Art Unit</td> <td>2626</td> </tr> <tr> <td>Attorney Docket No.</td> <td>N0484.70571US00</td> </tr> </table>		Application Number	10/733,995-Conf. #2044	Filing Date	December 11, 2003	First Named Inventor	Reza Ghasemi	Examiner Name	D. Godbold	Art Unit	2626	Attorney Docket No.	N0484.70571US00
Application Number	10/733,995-Conf. #2044														
Filing Date	December 11, 2003														
First Named Inventor	Reza Ghasemi														
Examiner Name	D. Godbold														
Art Unit	2626														
Attorney Docket No.	N0484.70571US00														
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT (\$) 940.00															

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>23/2625</u> Deposit Account Name: <u>Wolf, Greenfield & Sacks, P.C.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEES		Small Entity					
Fee Description	Fee (\$)	Fee (\$)					
Each claim over 20 (including Reissues)	52	26					
Each independent claim over 3 (including Reissues)	220	110					
Multiple dependent claims	390	195					
Total Claims Extra Claims Fee (\$) Fee Paid (\$) _____ - or HP = _____ x _____ = _____ <small>HP = highest number of total claims paid for, if greater than 20.</small>	Multiple Dependent Claims Fee (\$) Fee Paid (\$) _____ _____						
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) _____ - or HP = _____ x _____ = _____ <small>HP = highest number of independent claims paid for, if greater than 3.</small>							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)		Fees Paid (\$)					
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): <u>1251 Extension for response within first month</u>		130.00					
<u>1802 Request for Continued Examination (RCE)</u>		810.00					
SUBMITTED BY							
Signature		Registration No. (Attorney/Agent)	63,456				
Name (Print/Type)	Thomas A. Franklin	Telephone	617.646.8000				
		Date	May 13, 2009				
Certificate of Electronic Filing Under 37 CFR 1.8 I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4). Dated: May 13, 2009 Signature:  (Shella F. Gravina)							